Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/18/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [X] the final return/report
[ ] an amended return/report [X] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
SWISSLOG RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/16/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRANSLOGIC CORPORATION

11325 MAIN STREET
BROOMFIELD, CO 80020

2b Employer Identification Number (EIN) 84-0911610

2c Sponsor's telephone number 303-371-7770

2d Business code (see instructions) 339900

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	7
b Total number of participants at the end of the plan year	**5b**	0
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	0
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	KIMBERLY LUKE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	KIMBERLY LUKE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 599171. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	7249338	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	7249338	0
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	1067764	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-2307518	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-1239754
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5719197	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	290387	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		6009584
i Net income (loss) (subtract line 8h from line 8c)	8i		-7249338
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	0
c Was the plan covered by a fidelity bond?	10c	X		2000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☐ No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☒ Yes ☐ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒ Yes ☐ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 12/18/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SWISSLOG RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRANSLOGIC CORPORATION

D Employer Identification Number (EIN)
84-0911610

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2025

2 Assets:

a Market value	**2a**	7249337
b Actuarial value	**2b**	7664678

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	6	398920	398920
c For active participants	92	5492208	5492208
d Total	98	5891128	5891128

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	100000
c Target normal cost	**6c**	100000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/02/2026
Date

CHARLES DEAN
Type or print name of actuary

26-01249
Most recent enrollment number

DEAN ACTUARIES, LLC
Firm name

214-891-0990
Telephone number (including area code)

6440 N CENTRAL EXPY SUITE 720
DALLAS, TX 75206
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	212344	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	212344	0
10	Interest on line 9 using prior year's actual return of -1.74 %	-3695	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		723586
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30 %		38339
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		761925
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	208649	0

Part III Funding Percentages

14	Funding target attainment percentage	14	126.56 %
15	Adjusted funding target attainment percentage	15	130.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.72 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.97 %	5.31 %	5.51 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	100000
b Excess assets, if applicable, but not greater than line 31a	**31b**	100000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

F052TF

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

SWISSLOG RETIREMENT INCOME PLAN FOR SALARIED
EMPLOYEES
EIN 84 0911610
PLAN NUMBER 002
PLAN YEAR 04/01/2025 TO 12/18/2025

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA	2		$ 7,061,032.08		$ 0.00
Pooled Separate Accounts PRINCIPAL LIQUID ASSETS SEPARA		10		$ 7,076,131.84	$ 15,099.77
Registered Investment Company VANGUARD TREASURY MONEY MARKET	9		$ 808,893.31		$ 0.00
Registered Investment Company VANGUARD TREASURY MONEY MARKET		20		$ 822,479.20	$ 0.00
Registered Investment Company FIDELITY ADVISOR TOTAL BOND I	11		$ 1,257,283.21		$ 0.00
Registered Investment Company FIDELITY ADVISOR TOTAL BOND I		28		$ 2,431,285.91	$ 71,152.59
Registered Investment Company LOOMIS SAYLES INVESTMENT GRADE	5		$ 215,229.44		$ 0.00
Registered Investment Company LOOMIS SAYLES INVESTMENT GRADE		11		$ 1,317,768.56	$ 3,048.24-
Registered Investment Company PIMCO INCOME INSTITUTIONAL FUN	7		$ 221,660.59		$ 0.00
Registered Investment Company PIMCO INCOME INSTITUTIONAL FUN		13		$ 1,327,453.37	$ 1,037.82
Registered Investment Company VANGUARD LONG-TERM INVESTMENT-	7		$ 2,065,453.06		$ 0.00
Registered Investment Company VANGUARD LONG-TERM INVESTMENT-		19		$ 2,185,586.37	$ 120,133.31
Registered Investment Company VANGUARD TOTAL BOND MARKET IND	11		$ 1,277,666.64		$ 0.00
Registered Investment Company VANGUARD TOTAL BOND MARKET IND		28		$ 2,428,163.25	$ 70,940.58

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule SB, line 26 – Schedule of Active Participant Data

AGE AND SERVICE OF ACTIVE PARTICIPANTS

4/1/2025

Age Group	Years of Service									
	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 -	All Service Pay
20 - 24										
25 - 29										
30 - 34										
35 - 39										
40 - 44			2	5	1					8
45 - 49				11	4	1				16
50 - 54				7	3	4				14
55 - 59				6	5	5	1	2		19
60 - 64			1	5	2	9	4	3	1	24
65 - 69					4	2	2	1	1	10
70 - 100								1		1
110 -			3	34	19	20	7	7	2	92

Age is in completed years (age last birthday) on the census date.
Service is completed years of vesting service on the census date.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

This report assumes the plan will exist as an ongoing entity. All numbers presented are based on this ongoing plan concept.

Discounted Projected Accrued Benefit Cashflows

Under the Pension Protection Act of 2006, all costs are determined by projecting cashflows corresponding to the current accrued benefits, and these cashflows are discounted back to the valuation date using a series of discount rates. The accrued benefits are determined as of the valuation date, and the cashflow projection reflects the probability of each contingency available under the plan (such as turnover, mortality, retirement or disablement). Cashflows for current nonactive participants are similarly determined.

There are three exceptions to the general rule that only benefits accrued as of the valuation date are included in the cashflow projection:

- In determining the target normal cost, the incremental effect on cashflows of benefits expected to accrue during the plan year by active participants is projected.
- In determining the maximum deductible contribution, the incremental effect on cashflows of the effect on expected future pay increase by active participants is projected. For this projection, accrued service on the valuation date is fixed, but pay is projected to the different contingencies. In a final pay plan, this will result in larger "accrued benefits" in the cashflows.
- In determining the premium funding target for PBGC liability determinations, only vested accrued benefits are considered when projecting cashflows. PBGC regulations require the inclusion of the QPSA benefits corresponding to current vested benefits as also being vested for this determination.

None of the exceptions impact the cashflows to current nonactive participants.

Valuation of Liabilities

All active participants included in the valuation are assumed to earn one full year of credited service and one full year of vesting service for each future year while still employed. No liability is held for non-vested, inactive employees regardless of whether or not they have completed a one-year break-in-service. Costs for ancillary benefits provided by the Plan have been determined in the same manner and on the same basis as costs for normal retirement benefits. The Defined Benefit Plan limits of Section 415(b) have been reflected in the valuation.

Valuation of Assets

The actuarial value of assets is determined as the average of the fair market value on the valuation date, and the adjusted fair market value for the two previous determination dates. The two previous determination dates are the two previous valuation dates, and the resulting average must be within 10% of the fair market value on the determination date. The fair market value on any date includes the discounted value of any contributions receivable for the prior plan year that were contributed on a timely basis. The discount is based on the effective interest rate for the year to which the contribution was made.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Interest Rates

Purpose	*Rate*	
Funding Target	24 mo rates	ARPA
short-term rate	4.97%	4.97%
mid-term rate	5.31%	5.31%
long-term rate	5.51%	5.51%
Premium Funding Target		
short-term rate	4.50%	
mid-term rate	5.33%	
long-term rate	5.86%	

Mortality Tables

Not in pay status	Static 2025
Healthy annuitants	Static 2025
Disabled annuitants	RP2014 disabled
SFAS 35	PRI2012MP2021

Mortality rates are cohort projected for SFAS 35 only.

Rates shown are Static Employee 2025

Pay Increase Assumption

Annual rates of pay increase as shown

Turnover

Age-related rates as shown

Retirement Age

Rates of retirement as shown
Rates are only applied if the employee is eligible to retire.

Form of payment

mandatory cashouts	Lump sum
other benefits - 75% lump sums	
Annuities allocated 60% 5 year certain and life, 20% J&100S, 20% J&50S	

Other Assumptions

Percent married	100%
Husband wife age difference	3

	Rates per Thousand				
	Mortality		Turnover	Disability	Retirement
Age	Male	Female			
20	0.360	0.100	252.50	0.78	0
21	0.360	0.100	228.00	0.79	0
22	0.370	0.110	207.50	0.80	0
23	0.370	0.130	195.00	0.81	0
24	0.390	0.140	182.50	0.83	0
25	0.390	0.140	170.00	0.85	0
26	0.410	0.140	157.50	0.87	0
27	0.420	0.160	145.00	0.89	0
28	0.440	0.160	138.75	0.91	0
29	0.460	0.170	132.50	0.94	0
30	0.480	0.180	126.25	0.97	0
31	0.500	0.190	120.00	1.01	0
32	0.530	0.210	113.75	1.05	0
33	0.560	0.230	108.75	1.10	0
34	0.580	0.240	103.75	1.15	0
35	0.610	0.260	98.75	1.21	0
36	0.640	0.280	93.75	1.29	0
37	0.670	0.310	88.75	1.37	0
38	0.690	0.320	86.25	1.46	0
39	0.720	0.350	83.75	1.56	0
40	0.730	0.370	81.25	1.69	0
41	0.750	0.390	78.75	1.84	0
42	0.760	0.410	76.25	2.02	0
43	0.790	0.430	73.75	2.24	0
44	0.800	0.450	71.25	2.49	0
45	0.830	0.470	68.75	2.80	0
46	0.870	0.510	66.25	3.15	0
47	0.910	0.540	63.75	3.56	0
48	0.970	0.580	61.25	4.03	0
49	1.030	0.640	58.75	4.55	0
50	1.120	0.700	56.25	5.15	0
51	1.230	0.790	53.75	5.83	0
52	1.360	0.890	51.25	6.62	0
53	1.520	1.010	48.75	7.54	0
54	1.720	1.140	46.25	8.58	0
55	2.040	1.360	0.00	9.69	0
56	2.510	1.690	0.00	10.81	0
57	2.930	1.930	0.00	11.87	0
58	3.410	2.230	0.00	12.87	0
59	3.940	2.560	0.00	13.86	0
60	4.540	2.970	0.00	14.82	0
61	5.190	3.410	0.00	15.77	0
62	6.100	4.060	0.00	16.71	0
63	6.980	4.740	0.00	17.64	0
64	7.680	5.320	0.00	18.56	0
65	8.540	6.140	0.00	19.47	1000

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Age	Retirement Rate	Unretired	Retirements	Age x retmnt
		1		
55	0	1	0	0
56	0	1	0	0
57	0	1	0	0
58	0	1	0	0
59	0	1	0	0
60	0	1	0	0
61	0	1	0	0
62	0	1	0	0
63	0	1	0	0
64	0	1	0	0
65	1	0	1	65
	Average retirement age			65.00

Schedule SB, Part V – Summary of Plan Provisions

SUMMARY OF PLAN PROVISIONS

Eligibility	Age 21 and one year of eligibility service (1,000 hours). Entry dates are monthly. No new participants are allowed after December 31, 2011.
Contributions	The employer pays the full cost of the plan
Service Considered	
Eligibility	1,000 hours during the first year of employment or subsequent employment anniversary year.
Vesting	The total of all periods of employment plus any periods of absence of less than 365 days if the participant returns to work. Service before April 1, 1975 is excluded.
Accrual	The total of all periods of employment excluding service before April 1, 1975. No accrual service is granted after December 31, 2011.
Compensation	Total compensation reported on form W2 plus any 401(k) deferrals and salary reduction amounts under Section 125 of the Internal Revenue Code.
Hi-5 Pay	The highest average of considered compensation over 5 consecutive years within the last 10 years.
Retirement Ages	
Normal	Age 65
Early	Age 55 with at least 10 years of vesting service
Vesting	3 years of vesting service
Death	5 years of vesting service
Cash Balance Account (Benefit Credit Account)	All active participants who were active employees as of June 30, 1995 are eligible for an initial cash balance account. The initial cash balance account as of July 1, 1995 is equal to the present value of the Participant's accrued benefit on June 30, 1995 based on the more favorable of (1) the PBGC assumptions for determining lump sums at such time and (2) the Appendix A factors (annual annuity at age 65 equal to 10% of the benefit account balance projected with 5% annual interest).

Each calendar year after 1995 the cash balance account is credited with 4% of Participant Compensation for such year. This credit applies to participants who were active employees as of June 30, 1995 or who became an employee after that date. Accruals are pro rata for the period July 1, 1995 through December 31, 1995 and for any period if the participant does not finish the year.

The cash balance account is credited with interest at 5% per year posted at the end of the year based on the balance at the beginning of the year.

Benefit freeze as of December 31, 2011: No Pay Credits are granted after December 31, 2011 and no new participants are added to the plan after that date. Interest Credits and other provisions of the Plan continue

With spouse's consent , a retiring participant may elect to receive payment of the cash balance account either as a lump sum or as any of the annuity options available under the plan.

Accrued Benefit

The monthly retirement income payable at normal retirement age (or late retirement age, if older) that is the actuarial equivalent of the participant's Benefit Credit Account (using Appendix A factors),

plus

the Supplemental Benefit Credit, if applicable.

Supplemental Benefit Credit

Eligibility

Active Participant in the Plan as of June 30, 1995 who had reached age 50 on that date.

Amount

The excess, if any, of (a) over the sum of (b) and (c)

(a) 0.75% of Hi-5 Pay multiplied by years of accrual service

(b) the annuity that is actuarially equivalent to the Additional Benefit Credit Account based on Appendix A factors.

(c) the annuity that is actuarially equivalent to the Benefit Credit Account based on Appendix A factors.

Where the Additional Benefit Account is the accumulation of 1% of Compensation after June 30, 1995 together with interest at 5% per annum credited annually based on the beginning of year balance (i.e. same procedures as the cash balance account except that credits are 1% of compensation rather than 4% of Compensation and there is no opening balance on July 1, 1995.)

Supplemental Benefit Credit is frozen as of December 31, 2011.

Normal and Late Retirement Benefit

The accrued benefit is payable for retirement on or after normal retirement age

Early Retirement Benefit

The participant may elect the accrued benefit starting at normal retirement age or a reduced amount starting anytime after early retirement age.

The reduction for early retirement is shown in the table below:

Age	Factor	Age	Factor
65	100.00%	59	63.33%
64	93.33%	58	60.00%
63	86.67%	57	56.67%
62	80.00%	56	53.33%
61	73.33%	55	50.00%
60	66.67%		

Vested Retirement Benefit

The accrued benefit is payable at normal retirement age, or if the participant has 10 or more years of vesting service, he or she may elect payment at age 55 or later, reduced as for early retirement.

Pre-Retirement Death Benefit

If a participant dies in service or in deferred vested status with 5 or more years of service, the surviving spouse, if any, receives an amount equal to 50% of the Joint and 50% Survivor annuity option amount as of the date of death (or age 55, if later). The minimum death benefit is a lump sum amount equal to the Benefit Credit Account (whether or not there is a surviving spouse).

Norm and Optional Forms of Payments

The accrued benefit is expressed in the form of a 5 year certain and life annuity payable at normal retirement age. Other forms of payment are available on an actuarially equivalent basis:

life with 10, or 15 year certain period
joint and 50%, 2/3rds , or 100% survivor annuity
lump sum (automatic form if less than $5,000)

A married participant must receive their benefit in the form of a qualified joint and 50% spouse's annuity unless the participant elects another form of payment and has their spouse's written consent.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 04/01/2025 and ending 03/31/2026

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SWISSLOG RETIREMENT PLAN FOR SALARIED EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

D Employer Identification Number (EIN)
84-0911610

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 04 Day 01 Year 2025		
2	Assets:		
	a Market value	2a	7249337
	b Actuarial value	2b	7664678

3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	0	0	0
	b For terminated vested participants	6	398920	398920
	c For active participants	92	5492208	5492208
	d Total	98	5891128	5891128

4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.34 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	100000
	c Target normal cost	6c	100000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Charles E Dean
Signature of actuary

10/02/2026
Date

CHARLES DEAN
Type or print name of actuary

26-01249
Most recent enrollment number

DEAN ACTUARIES, LLC
Firm name

214-891-0990
Telephone number (including area code)

6440 N CENTRAL EXPY SUITE 720
DALLAS, TX 75206
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	212344	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	212344	0
10	Interest on line 9 using prior year's actual return of -1.74 %	-3695	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		723586
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.30 %		38339
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		761925
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	208649	0

Part III Funding Percentages

14	Funding target attainment percentage	14	126.56%
15	Adjusted funding target attainment percentage	15	130.10%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	122.72%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
			Totals ►	18(b)		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.97%	2nd segment: 5.31%	3rd segment: 5.51%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	100000
b Excess assets, if applicable, but not greater than line 31a	**31b**	100000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021